

CHILDREN'S SYSTEM REDESIGN FREQUENTLY ASKED QUESTIONS

Question	Answer
What is the Children's System Redesign Project?	Children's System Redesign is a collaborative project between the divisions of Medicaid and Family and Community Services (FACS) to design a system of care approach with an improved range of Medicaid benefits for children who have developmental disabilities based on the individualized needs of these children.
How will the re-designed services be approved?	Agency rules will be presented to the 2011 Legislature for review and approval. The federal government will be reviewing and approving three policy products: <ol style="list-style-type: none">1. A State Plan Amendment for the tier one benefits2. A Waiver for tier two benefits and3. An Act Early Waiver for tier three benefits Proposed effective dates for all services are July 1, 2011.
Why are children's developmental disabilities services being redesigned?	Over the past few years, the Idaho Department of Health and Welfare (IDHW) has heard from families, providers, and other stakeholders that the current Medicaid benefits offered to children with developmental disabilities need to be improved. Suggested improvements included: <ul style="list-style-type: none">• Having service options that include supports in addition to therapy• Improving the coordination of services and collaboration between various service providers• Increasing opportunities for family involvement
What is the goal of the Children's System Redesign Project?	To improve the overall system of care that supports children with developmental disabilities. When redesign work is complete, we expect to have benefits that provide therapy, support, and respite services to help children with developmental disabilities (DD) be important, participating members in their families and communities.

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Who has been involved in the Children’s System Redesign process?	<p>The department has collaborated with members of a steering committee, design committee, and three work groups to identify areas of improvements and develop recommendations for the Children’s System Redesign. These committees and work groups included:</p> <table><tr><td>• Parents</td><td>• Physical Therapists</td><td>• Educators</td></tr><tr><td>• Speech Therapists</td><td>• Occupational Therapists</td><td>• Advocates</td></tr><tr><td>• Psychologists</td><td>• Developmental Disability Providers</td><td>• IDHW Staff</td></tr></table>	• Parents	• Physical Therapists	• Educators	• Speech Therapists	• Occupational Therapists	• Advocates	• Psychologists	• Developmental Disability Providers	• IDHW Staff			
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How will families access Medicaid-covered services?	<p>Families will have the choice to use an individualized budget to access Medicaid-covered services through two different options:</p> <ul style="list-style-type: none">• Traditional Model - Families who want to access services through the traditional model will continue to receive services from Medicaid developmental disability providers who are paid for providing defined Medicaid benefits.• Family-Directed Services Model - Families who want to access services through the new family-directed services model will have the ability to purchase services and supports defined by the family from persons and businesses of their choice.												
What Medicaid benefits will be included in the traditional model?	<p>The following Medicaid benefits have been proposed for children accessing services through the traditional model:</p> <table><tr><th><u>Supportive Services</u></th><th><u>Intervention Services</u></th><th><u>Collaboration Services</u></th></tr><tr><td>Respite</td><td>Intervention</td><td>Plan Development</td></tr><tr><td>Habilitative Supports</td><td>Family Training</td><td>Interdisciplinary Training</td></tr><tr><td>Family Education</td><td>Crisis Intervention</td><td>Therapeutic Consultation</td></tr></table>	<u>Supportive Services</u>	<u>Intervention Services</u>	<u>Collaboration Services</u>	Respite	Intervention	Plan Development	Habilitative Supports	Family Training	Interdisciplinary Training	Family Education	Crisis Intervention	Therapeutic Consultation
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What does “supports” mean?	Support services do not require collecting clinical data or developing a therapeutic plan in order to demonstrate outcomes. Instead, supports provide relief for families caring for children with disabilities, as well as opportunities for children to explore their interests and integrate into the community in a natural way without distractions from the structured programming involved with therapy interventions. For respite and habilitative support services, current developmental therapy and intensive behavioral intervention (IBI) paraprofessionals will be qualified to provide these support services. The support staff’s primary role is to ensure the health and safety of children by supporting them as they play and interact with peers in the community.
What does “intervention” mean?	Intervention services focus on formalized programs to teach children new skills and reduce problem behaviors. Idaho plans to cover these intervention services where the research shows they are likely to be most effective. Interventionists work intensely with the child on goals and objectives based off of a therapeutic plan, and use clinical data to demonstrate outcomes. For the new intervention services, current developmental specialists and IBI professionals will be qualified to provide intervention services.
How does a child qualify for receiving these new benefits?	<p>To be eligible for services, a child needs to be determined to have a developmental disability. Under the redesign, children will be eligible for services based on their individual needs using a three-tiered approach:</p> <ul style="list-style-type: none"> • Children with developmental disabilities (approximately 15% of children): Access to respite, habilitative supports, family education, and plan development. • Children who meet institutional level of care (approximately 70% of children): In addition to the services identified above, adds intervention, family training, crisis intervention, interdisciplinary training, and therapeutic consultation. • Children ages three to six with autism or maladaptive behaviors and who meet institutional level of care (approximately 15% of children): Provides all the same services identified above with an increased budget amount to accommodate intensive levels of intervention services.

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Will the criteria for determining if a child has a developmental disability change under the redesign?	No, developmental disability eligibility standards are not changing. Children who are eligible to receive services from developmental disabilities agencies (DDA) in the current system will continue to have access to the new benefits.
Why should this program add new benefits?	<p>Currently, Idaho's benefits are limited to different forms of therapy, which do not always address the individual needs of children and their families. Therapy has its place, but we believe Idaho can do better by providing more options for families.</p> <p>Through public input, we heard that the current system over-emphasizes structured training and expected outcomes, when often times what children really need is the opportunity to participate in community activities that other children are able to do independently. The new benefits we are proposing are a direct response to these concerns.</p> <p>We also heard that families are concerned with the quality of services their children are receiving. The new qualifications ensure that all therapists providing intervention services are professional level, and that both non-professional and professional staff have sufficient training specific to working with these children.</p>
What are family-directed services?	Family-directed services allow families to use their individualized budgets (based on their children's strengths and assessed needs) and will have the ability to purchase and direct the services and supports their children receive.
What are the advantages of family-directed services?	<p>By choosing family-directed services, families can:</p> <ul style="list-style-type: none"> • Hire people they know and decide the qualifications they want to require • Supervise and direct their children's support workers • Decide when and where they get the services and supports that meet the needs of their children • Decide the types of services and supports they will purchase • Decide the amount of services and supports they will purchase • Manage an individualized budget based on their children's assessed needs

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Will children's benefits decrease under the redesign?	<p>The goal is to make the redesigned benefits budget neutral. The emphasis is on ensuring that funds are allocated according to a child's needs, while giving families greater say in how the available resources are spent. In the current system, there is a tendency for all children to receive the same levels of therapy services without recognizing different needs for support services and for more intensive services. The new design is intended to direct resources where they are most needed and where they will provide the best outcomes.</p>
Will there be limited access to services as a result of the redesign – especially in rural areas?	<p>We have heard from families and providers that having reasonable access to services is a major concern. We want to be sure that children in Idaho have equal opportunities regardless of where they live.</p> <p>Family-directed services is a new benefit option that offers families in rural areas that ability to select who they want to provide services and the qualifications they want to require, making their choices much less limited and allowing much more flexibility for families.</p> <p>We are also exploring the option of using telehealth to provide therapeutic consultation and other services in order to ensure our highly qualified professionals are available for children around the state.</p>
How will rates for benefits be established?	<p>Rates will be developed using Medicaid's established rate setting methodology. We will be gathering information from DD providers to help us with projecting agency costs for the new services, and will use this data to calculate the new target rates.</p> <p>During the second year of the redesign, IDHW will validate cost data through a survey process based on the operating program, and update the target rates accordingly.</p>
Will the redesign save money?	<p>The redesign is intended to be cost-neutral by providing the right type and amount of benefits at the right time. The department hopes to make the best use of resources for early intervention, and to reduce ineffective use of therapy benefits when supports are often what are needed.</p>

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When can families begin accessing the new Children's System Redesign benefits?	A phased implementation of the new benefits is scheduled to begin for summer 2011.
How will children transition to the new benefits?	<p>The transition into the new benefits will be a gradual process. Children will be phased in according to their birth dates, and families will be contacted three months before the birth date to let them know what steps to take for the transition. The first notifications will be mailed out beginning July 1, 2011.</p> <p>On July 1, 2011, all new children entering the system will be enrolled in the new program. Also, any family who wants to access the new benefits before the child's birth date will have the opportunity to opt-in early at any time.</p>
How will children's services in schools be impacted?	There are two primary developmental disability benefits billed by schools to Medicaid today: developmental therapy and intensive behavioral intervention. Both of these benefits will change for community services under the redesign and the benefits will eventually need to change for the schools as well. The department will work with key school-based services stakeholders to develop a transition plan for schools that could be implemented in 2012. Nothing changes in the interim and the current benefits remain in place.
What is a plan developer?	A plan developer is a state employee or contractor who will direct and coordinate your child's developmental disabilities services. This will ensure all of your child's service plans are coordinated, and that service professionals across disciplines are working in collaboration with one another.
Will I get to keep my service coordinator?	Plan development will be completed by the department and by selective contractors. You may be able to keep your service coordinator if that person is selected as a contractor. If you choose the family-directed services option and have a support broker, your service coordinator could choose to become a support broker.

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Why is this change happening with service coordination?	The department has been directed by the legislature to pursue selective contracting. By pursuing selective contracting for service coordination, the department is anticipating improving system efficiencies, increasing service coordination, removing conflict of interest and self-referrals, and adding clinical plan developers to ensure evidence-based practices are followed.
How many hours of therapy will my child receive?	Under the new system families are not limited to hours per week for services, and are also not limited to three years of intervention service as they are in the current system. Instead, families are given a budget amount for the year. Through a family-centered planning process, families will select a combination of services that will meet their identified goals and work around their schedules. Having a budget gives families flexibility to plan for the year and use budget dollars as they see fit.
How will my budget be decided?	The budget methodology is driven by evidence-based research that creates a system based on needs – as a child’s level of need increases, their budget level increases accordingly.
What services are included in my budget?	<p>Your child’s budget includes all direct developmental disability (DD) services. Under the traditional option, those services are</p> <ul style="list-style-type: none"> • Respite • Habilitative Supports • Family Education • Habilitative Intervention • Family Training • Therapeutic Consultation <p>Under the family-directed services option, the family is able to use their budget for non-traditional services.</p> <p>A few examples of services that are not included in your child’s budget are:</p> <ul style="list-style-type: none"> • Medical Services • Durable Medical Equipment • School Based Services • Crisis Services • Plan Development

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Who is going to determine eligibility and budget amounts for my child?	An independent assessment provider (IAP) will perform assessments to determine your child's program eligibility and will calculate your child's budget amount for the year. The department has a standard contract process underway to select an IAP contractor.
What if I don't agree with the budget amount or eligibility determination?	If a family disagrees with the child's budget amount and/or eligibility determination, they always have the right to appeal the Department's decision and request a fair hearing.
What are the qualifications for the IAP?	The IAP contractor will be required to meet the minimum qualifications of a qualified intellectual disabilities professional (QIDP/QMRP) as required by federal law.
What are the qualifications for the plan developer?	The qualifications for the plan developers will align with the current qualifications for service coordinators.
Is the availability of occupational therapy (OT), physical therapy (PT), and speech therapy (ST) going to change?	OT, PT, and ST services are not impacted by the redesign and your child will continue to be able to access these therapies using the current process. An exciting new change that involves OT, PT, and ST professionals is the increased opportunities available for them to collaborate with DD professionals during plan development and direct service delivery. These therapy services don't come out of a child's budget
Can I have help with transportation for my child?	Yes, there are transportation resources available for you. The department uses a transportation broker to help participants with non-emergent, medical transportation. For example, the broker may be contacted to provide transportation from your home to the developmental disabilities agency (DDA). Transportation costs don't come out of the child's budget. Participants can't receive transportation services and direct services at the same time.
Will there be waitlists?	Idaho does not intend to use waitlists for new programs.

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If my child does not use services for 30 days, will we lose eligibility?	Federal law requires that participants enrolled in a waiver program receive waiver services continuously, and if there is a lapse in service over 30 consecutive days the child is removed from the waiver. Although the state is required to track this information, families will not be impacted by this requirement. A process will be in place to ensure the child has a smooth transition back into the program without having to repeat the entire eligibility and planning process.
If I choose the family-directed services option, am I liable for making payments to community support staff?	No. The fiscal employer agent (FEA) is responsible for paying your hired staff. The family is not held responsible for making payments and is not liable for those dollars.
What type of training is required for the habilitative support provider?	The support provider must complete competency coursework specific to working with children with disabilities, and must receive training by their supervisor specific to the child's individual needs. In addition, interdisciplinary training will encourage the interventionist to cross-train the support staff to ensure techniques are consistent.
What type of training is required for the habilitative intervention provider?	Interventionists will need to demonstrate that they have completed credit hours from an accredited university in the areas of applied behavioral analysis, child or human development, and learning theory/psychology of learning. The department wants to ensure professionals under the new system have the knowledge and expertise to provide evidence-based practices and deliver higher quality services.
Will the coursework requirement create access issues?	The department is committed to ensuring children continue to have access to services under the redesign. Current developmental specialists and intensive behavioral intervention professionals will have two years to meet the coursework requirements. A lot of professionals in the current system should already meet most of the requirements. All DD providers delivering services in the current system will have a place delivering services under the redesign.